

## PARENTERAL THERAPY

Effective Date: 07/01/2015

Updated: 07/01/2015

Rates displayed below do not reflect rates for codes billed containing modifiers.  
For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	FEE
B4164	50% Dextrose Solution, (500ML = 1 Unit)	\$17.05
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M	\$23.98
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through	\$56.53
B4176	Parenteral Nutrition Solution; Amino Acid, Greater Than	\$59.92
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than	\$68.38
B4185	Parenteral Sol 10 Gm Lipids	\$63.11
B4193	Parenteral Nutrition Solution; Compounded Amino Acid An	\$238.61
B4199	Parenteral Nutrition Solution; Compounded Amino Acid An	\$331.95
B4220	Parenteral Nutrition Supply Kit Premix, Per Day	\$8.32
B5200	Parenteral Nutrition Solution: Compounded Amino Acid An	\$1.33

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.